News Release
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Recently, the U. S. Food and Drug Administration (FDA) granted approval of a vaccine for the human papillomavirus (HPV) which brings us one step closer to ensuring that no more women will die from cervical cancer. The vaccine is effective against HPV types 16 and 18, which cause approximately 70 percent of cervical cancers. Additionally, the vaccine, called Gardasil, is also effective against HPV types 6 and 11, which cause approximately 90 percent of genital warts.

This is, indeed, exciting news. I have known that this vaccine was in the pipeline for the past four years, as well as another vaccine being developed by another pharmaceutical company. Indications are that this second one will also be approved within the year as trials for both vaccines are showing phenomenal results in treating women who have not yet been exposed to HPV.

The Centers for Disease Control and Prevention estimate about 6.2 million Americans become infected with genital HPV each year. For most women, the body's defense system clears the virus on its own. Others will develop abnormal cells on the lining of the cervix that, years later, can turn into cancer. In the United States, approximately 9,710 new cases of cervical cancer are diagnosed each year, and about 3,700 women die annually from the disease.

What is even more exciting is that this is the first vaccine licensed specifically to PREVENT cancer. I am hopeful that scientists will benefit from this novel vaccine and be able to capitalize on those findings to develop additional vaccines to prevent other types of cancer.

As a member of Women in Government, a non-profit, bipartisan organization representing women state legislators, I have served on a Cervical Cancer Task Force and helped develop a model being used across the country today in efforts to educate legislators and women about HPV. Our next step will be to enhance that model to include the HPV vaccine as part of comprehensive cervical cancer prevention programs.

One aspect of the WIG model was to encourage states to develop their own Cervical Cancer Task Forces, and Michigan has done so. I am fortunate to also serve on that body. This summer the group will be examining this vaccine as an additional part of cervical cancer prevention. Both of these task forces will be looking to the federal Advisory Committee on Immunization Practices (AICP) for assistance in developing guidelines on who should receive the vaccine. The AICP is also expected to determine if the vaccine will be included in the Vaccines for Children Program, a federal program that provides free immunization for uninsured and under-insured children. For the HPV vaccine to truly achieve its full potential, it must be available regardless of socioeconomic status.

Both task forces will also need to look at the issue of continuing to promote appropriate screening for all women. Since this vaccine does not target all HPV types that cause cervical cancer, nor does it reach women who have already been exposed to high-risk HPV, annual screening will still be necessary if we hope to totally eliminate cervical cancer in the years ahead. Although there is a long road ahead of us in the fight against cancer, this vaccine is a huge step forward.